

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021644

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No. 336

Registrar's No. 151

FILED MAY 29 1962

VS 300  
Rev. 4/59

1 10/10

2 10/10

3

4 0

5 2

6

7 0

8 2

9 4200

10

11

12 90-2

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

## 1. PLACE OF DEATH

a. COUNTY Shannon

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Rural-Twsp. 30

Length of stay in 1b  
15 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Round Springs, Mo.

Inside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Shannon

c. CITY OR TOWN Round Springs, Mo.

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)  
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Reside on Farm  
Yes ☒ No ☐

## 3. NAME OF DECEASED

First EVEN

Middle

Last MOWERY

4. DATE OF DEATH

Month May

Day 6

Year 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

1/9/1888

## 9. AGE (last birthday)

74

## 10. IF UNDER 1 YEAR

Months

Days

## 11. IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Timber Worker

10b. KIND OF BUSINESS OR INDUSTRY  
Sawmill

11. BIRTHPLACE (City and state or country)  
Turtle, Missouri

12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

Tom Mowery

## 13b. MOTHER'S MAIDEN NAME

Emma Etcholt

## 14. NAME OF HUSBAND OR WIFE

Bessie (Deed)

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

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## 17. INFORMANT

Mary Nash

## Address

Bunker, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

Acute Circulatory Failure

INTERVAL BETWEEN ONSET AND DEATH  
24 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

arteriosclerotic Heart Disease

### DUE TO (c)

Smiling old Myocardial

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Infarction - General Debility

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 1961 to May 1962 and last saw him alive on May 5 - 1962  
Death occurred at 2:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Rem & Burial 5/8/1962

Stone Hill Cemetery

Dent County

Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Max L. Wurf Salem, Mo.

May 28 - 1962

Shirley R. Green

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

BY AFFIDAVIT OF

JUN 4 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Harry M. Jones*

Licensed Embalmer No. 2628

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.